1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
# 50 N	1	07049 CERTIFICATE OF DEATH	07040
after death. the funeral ges 1 and 2 after death	1.	PLACE OF DEATH a. COUNTY RENT MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution b. COUNTY MARYLAND MARYLAND D. COUNTY	Residence before admission)
s after by the fages 1 s after		b. CITY OR TOWN (If outside corporate limits, write RUF write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUF	
hours d in by rs. Pa		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
in 24 hours after the state of			ON A FARM? YES ND X
d with mpletel carbon ent, wi	3.	NAME DE DECEASED (Type or print) FLMA REBECCA ATKINSON 4. DATE DE DE MONTH MAY	9 1966
executed within and completely remove carbon I any event, with	5. F	MALE WHITE WIDOWED DIVORCED SEPT. 13-1887 78 yrs. Month	
sician lease r	10a dur	USUAL OCCUPATION (Give kind of work done industry) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, of foreign country) 12 HOUSEWIFE LAND	COUNTRY?
rtificating phy Then plumoval,	13.	FATHER'S NAME BIGELOW 14. MOTHER'S MAIDEN NAME TOLS	50 N
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are required may be retained by the hospital or attending physician. TO FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, Address , no, or unkown) (If yes give war or dates of service) Address	HALL Mo.
t the d an. I by the ansit p		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
physicia signed ourial-tr		conditions, If any, which DUE TO Cardio Vascular Hypertension	Unknown
v requi		gave rise to immediate cause (a), stating the underlying cause last. DUE TO CC CC DUE TO CC CC DUE TO	
The lav or atte tacte had ruse a saith pr	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
Certific certific thed for	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
ig PHYS by the h ter this e detac tate Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
ENDIN ined to build b		21. I certify that (I) (this hospital) attended the deceased from 19, 19, to 19	, that (I) (we) las
reta secto 3 showith		saw the deceased alive on marf 10 1966, and that death occurred at 26M, from the causes and of 22a. SIGNATURE 1 22b.	DATE SIGNED
ral or nay be AL DIR page e filed		22c. PHYSICIAN'S NAME (Type) NOR PROTECT NAME (Type) N	111/66
UNER OCTOR		TANDERI CILINITACIA KOCK ITALE ITAK	YLAND
Pag TO F dire sho	23a	BURIAL MAY 12 WESLEY CHAPEL ROCK HALL	MD.
VR A15 (4)	24	Agan S. Jane CHURCH HILL MD. 25a. REC'D BY REGISTRAY 25b. REGISTRA 25b.	les Judge
15M 4-64		1	00

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	14	(07050			CERTIFICATE	OF DEATH		07041	
completely filled in by the funeral mave carban papers. Pages 1 and 2 no event within 72 hours after death		1.	PLACE OF DEATH o. COUNTY Kent			MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	b. COL	ution: Residence before odmission) UNTY Lent	
he f			b. CITY OR TOWN (f outside corporate limits	,	c. LENGTH OF STAY IN 1b		outside corporote limits, write RI		
Pag			Chester	give nearest town)		21 days	Still Po	nd	14.1	
in trs.			d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospitol, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	-
pape pape hin 7	67			Queen Anne			None		YES NO	
No I			NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE Moi		
lete			(Type or print)		amuel_	Lester	Coleman	DEATH 5	18 19 66	100.0
ve ve		5.	SEX	6. COLOR OR RACE		OE	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours M	IRS.
200			Male	White	WIDOWED		10/29/1888	77 Yrs.		
6			. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count	y & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
500				Balto. Tr			Kent Co.	Maryland	U.S.	
ysic		13.	FATHER'S NAME				14. MOTHER'S MAIDEN	, Maryland NAME		
hen			Samuel Co	leman			Amanda M	itzel		
Jing .		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO. 17.	Amanda M	Add	ress	
ten		(16	No.	(If yes give wor or dotes o	2	14-03-7823 1	lospital Re	cords Chas	tertown, Maryla	ná
signed by the attending physician burial-transit permit. Then please burial cremation arremayal and				ATH (Enter only one cou	se per line for		ospital ve	corus ches	INTERVAL BETWEEN	N
the nsit			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE		Cauca o	len	SV.	ONSET AND DEATH	1
to tro			163	DUE DUE		1		1		
ial-			Conditions, if ony	untilate manne N	(b)	6				
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te pen			stoting the under	Tying couse	(c)				The Control of the Co	
s be						O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(A)	19. WAS AUTOPSY	_
se th		NO	0	. t	JIII KIDOTINO 1	O DEATH DOT NOT RECATED TO	THE TENNINAL PIDENDE CO	one money and make the	PERFORMED?	-
ate or u	0	CERTIFICATION	20o, ACCIDENT WA	THOUGH VINC D	I anh De	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part Los Part II of item 19)	115 110	
語る芸		ERTI	OR CONTRIBUTING	CAUSE OF DEATH	203. 00.	SCRIDE HOW HOOK! OCCURRED.	truet notote of infork it	r on r or roll if or neitr to.,		
check				MEDICAL EXAMINER)	1 001 11	HIDY OSCUPDED I AS DIA	Cr. OF HUMBY (II f	T 2006 (C:b box a)	(Caraba) (Caraba	- 1
this eta		MEDICAL	Hour o.r		While		CE OF INJURY (Home, for ory, street, office bldg., etc.		(County) (State	1)
er de d		×	p.r		ot work	U of work				
DEUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the chauld he filed with the State Deat of Health prior to				fy that (I) (this has eceased alive an	pital) attend 5/18	led the deceased fram 1966, and tha	t death accurred to	1966 , ta 5/18 140 P/M, fram causes	, 19 <u>66</u> , that (I) (we) s and an the date stated ab	la oav
5 8 £			220. SIGNATURE					HED STATE	22b. DATE SIGNED	
3 % 3 %					10	Disk M.	D. PHYS.	MED. STAFF DIRECTOR PHYS. [5-18-66	
age file	1		22c. PHYSICIAN'S				22d. ADDRESS			
RA P	3		NAME (Type	Dr.	A. C. I	ick	Ches	tertown, Maryl	and	
CTO		230	. BURIAL, CREMATIC		REOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or T		
dire			BEMOVAL (Specify	5-2:	2-66	STILL PON	D,	STILL PO	V.D. KEYT, MD.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial to the property of the permit. Then play Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

BURIAL, CREMATION, PEMOVAL (Specify) FUNERAL DIRECTOR

ADDRESS

250. REC'D BY REGISTRAR 1966

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			STATE OF	

1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, N	MARYLAND
/_	07051 CERTIFICATE OF DEATH		07042
1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE a. STATE	(Where deceased lived, If Institution: R	Residence before admission)
	MARYLAND MARYLAND MARY	LAND QUEEN	ANNE
1	write RURAL and give nearest town)	utside corporate limits, write RURAL	and give nearest town)
11	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	TREVILLE	e. IS RESIDENCE ON A FARM?
		100	ON A FARM?
3.	NAME OF DECEASED (Type or print) PERCY First EDWARD DEWSBURY	4. DATE Month OF DEATH MAY	9 1966
5.	SEX 6. COLOR OR FIACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years) IFUNDER	1 YEAR IF UNDER 24 HRS.
		84 81 yrs. Months	Days Hours Min.
10 du	iring most of working life, even if retired) INOUSTRY	C	ITIZEN OF WHAT OUNTRY?
	KETIRED FARMER ENGLI	DAND	USA
13	3. FATHER'S NAME	. 1	
1!	EDWARD DEWSBURY 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	UNKNOWN Address	1
(Y	(es, no, or unkown) (If yes give war or dates of service) 218-05-8211 (P. EDWARD)	EWSBURY JR.	entreville
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Congestive heart failure	503	INTERVAL BETWEEN PATH
	IMMEDIATE CAUSE (a)	361	erai years
	conditions, If any, which \ (b) Atrial fibrillation		
	gave rise to immediate		
-	underlying cause last.) (c) Arteriosclerotic cardiova		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		njury in Part I or Part II of Item 18	.)
MEDICAL	20c. TIME OF INJURY Month, Oay, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farr factory, street, office bldg., etc at work at work	n, 20f. (City or town) (Cou	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 4/4	6 note 5/9 , 196	6, that (I) (we) last
	saw the deceased alive on 5/9 1966, and that death occurred at 22a. SIGNATURE	M, from the causes and on t	he date stated above.
			11/66
	22c. PHYSICIAN'S ROBERT W. FARR 22d. AOORESS CHEST	1 04	
23	Da. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or co	
	BURIAL MAY II CHESTER	CHESTERTOWN	
24	4. EUNERAL OIRECTOR Some CHURCH HILL Y D. DATAY	17 1966 Action 18	'S SIGNATURE
	agai or, orane CHURCH MILL "MORTE"	- 1000	2 Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending official and completely filled in by the fune adjrector, page 3 should be detached for use as the burial-transit permit. Here perse remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISIO	N OF STAT	ISTICAL				PARTMENT O			DRE 1, MA	ARYLA	ND
	07052		The	7.2	CERTI	FICAT	E OF DEAT	Н		0	704	3
1.	PLACE DF DEATH		100	M LQ	TIIM O	711		NCE (Where	deceased lived, If it		sidence be	fore admission)
		Kent			MA	RYLAND	a. STATE Mo	l.	b. COU		nt.	
	b. CITY OR TOW write RURAL	N (if outside co and give near	orporate lin	its,	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If outside o	corporate limits, w	rite RURAL a	ind give i	nearest town)
M	TITINGTO	i. Kural					Chestervi			14	1-1	
	d. NAME OF HOS	PITAL OR INST	IIUIION (II	not in hos	oltal, give stree	t address)	d. STREET ADDRES	S				S RESIDENCE ON A FARM?
	At Ho	me									1	NOX
3.	NAME OF DECEASED	77.	First		Middle		Last	4. DAT			Day	Year
5.	(Type or print)	6. COLOR OR	RACEL	ADDIED -	R.	usp []	B. DATE OF BIRTH	DEA	9. AGE (In years		27	19 66
			7. 17.	ARRIED [NEVER MARE	-			last birthday)	Months C		lours Min.
108	lale a.USUALOCCUPAT	Colored ION (Give kind o	f work done				February, 21		60 yrs.	ry) 12, CIT	IZEN OF	WHAT
dur	ing most of work	ng life, even if	retired)	IND	D OF BUSINESS USTRY		N March			COL	JNTRY?	
	rm Labor	E		Farm	NO.		14. MOTHER'S MA	IDEN NAME		U.S.	A.	
W	illiam E.	Ducker	v	37			Unknown	ells				
15	. WAS DECEASED E	VER IN U.S. ARI	MED FORCES	? 16. 80	CIALSECURITY	NO. 17.	INFORMANT		Addr	ess		
	es, no, or unkown)	(IT yes give war or	dates of servi		03-0685	Vi	oletta Duck	erv.	Milling	ton. M	d. 2	1651
	18. CAUSE OF I			se per line	for (a), (b), an	d (c).]	^		()		INTERV	AL BETWEEN
	PART I. DE	ATH WAS CAUS	ED BY: CAUSE (a)	Gu	ona	n	Occiv	sin	1 Hc	(Jelus	5	AND DEATH
	420		DUE TO	3.			2 17	11-	in	1	10	
	Conditions, If a		(b)_		Hus	SC	erotic	416	art k	13.	13	yr5
P	cause (a), st	ating the	DUE TO									
Z	underlying caus		(c)_	ONTOLDUTI	NOTO DEATH OF	IT HOT DEL	ATED TO THE TERMINAL	DIOFICE	ONDITION OUTPUT	U.D.A.D.T. 4(=)	119. W	AS AUTOPSY
ATIC	FART II. OTHER'S	IGNIFICANI CO	MUITIONS	JAIKIBUTI	NGTODEATHBO	JINOIKEL	ATED TO THE TERMINAL	DISEASEU	ONDITION GIVEN II	VPARTI(a)	PI	ERFORMED?
IFIC	20a ACCIDENT	WAS LINDERLY	NG 🗆	20b. DES	CRIRE HOW IN	IIIDA UCCI	URRED. (Enter nature	of Inlury In	Part I or Part II	of Itom 18)	YES [NO 🔀
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	NG CAUSE O	F DEATH EXAMINER)	LOD. DE	JORIDE HOW II	BOKT COO.	ORRED. (Enter nature	or injury in	Tare to trait it	01 110111 10.)		
		NJURY Month.		20d. INJ	URY OCCURRED	120e, PL/	ACE OF INJURY (Home.	farm. 20f.	. (City or town)	(Coun	ty)	(State)
MEDICAL	Hour a.m		19	While at work	Not While -	facto	ory, street, office bldg.,	etc.)				
Σ					the deceased	from	7-10	196 b. t	027 mg	19 6	that	(I) (we) last
		eased alive	A desired	24			t death occurred at	,	from the causes			
H	22a. SIGNATUR		11						APRILL		TE SIGNE	
13	10	m	00	173	u	M.I		MED. DIRECTOR	STAFF PHYS.	131	mo	ey 66
	22c. PHYSICIA NAME (Ty		Lm	UK	A22	en	22d. ADDRESS	241	ana	, Ve	Jel	a.
23a	BURIAL, CREM. REMOVAL (Spe	ATION, 23b.	DATE THERE	OF	23c. NAME OF	CEMETER	Y OR CREMATORY	[23v.	LOCATION (City,		ity)	(State)
	urial	May,	31,19	66	Asbury	Cemet			al Millin	-		Md.
134	FUNERAL DIRE	CTORY HA	11	Cy	ADDRESS	//	25a. R	FC.D BA KE	GISTRAR 25b. I	CEGISTRAR'S	SIGNATI	JKE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07053 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Kent o. STATE b COUNTY MARYLAND Maryland Queen Anne's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) hours Millington 19 hours Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 7 RFD YES | NO-Kent & Queen Anne's Hospital 3 NAME OF Middle Lost 4 DATE Month Year Doy DECEASED Raymond NMN 5 Garnett 27 19 66 DEATH (Type or print) IF UNDER 1 YFAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED birthdoy) Months Hours Dovs Male Negro 4/7/1900 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Farmer COUNTRY? **INDUSTRY** please and Kent Co., Maryland IIS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal HNGARNE en attending permit. The 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. Hospital Records Chestertown, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse priar ta l as the has been lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work be retained by 5/26 , 19_66 , ta_5/27/66 , 19__ , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. shauld 5/27 19 66, and that death occurred at_ M. fram causes and an the date stated above saw the deceased alive an 6:00 A.M. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF 66 DIRECTOR M.D. PHYS. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) T. Keefe Dr. A. Chestertown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION (County) REMOVAL (Specify) 66 OWN CEM. NEAR Mit DNid NQ TUN ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 00

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Kent Kent MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Rural Millington Millington remove carbon papers. in ady event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? NO X YES certificate be executed within NAME DE First Middle Last 4. DATE Month Year DECEASED William (Type or print) Corbitt DEATH Jr. Jones Mav 19 66 6. COLOR DR RACE | 7. MARRIED SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months I Days Hours Male White WIDDWED DIVORCED September 7,1893 72 the attending physician a permit. Then please re retion, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) = 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Camden, N.J. U.S.A. Wall Paper Hanger Ret. Wall Paper 13. FATHER'S NAME MOTHER'S MAIDEN NAME William C. Johes Sr. Jennie M. Baker. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) (If yes give war or dates of service) 219-14-2661 Yes. W.W.1 James R. Jones. Millington, Md. 2165] 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the -transil DNSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. has been signed be as the burial-tran prior to burial, cra IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? YES NO K PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 50 DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) he CAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work retained hould h the 0 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should led with the and that death occurred at 8 P. M. from the causes and on the date stated above. 19 66 saw the deceased alive on hum 22a. SIGNATURE DATE SIGNED DIRECTOR 4 may director, p PHYSICIAN'S 22C. NAME (Type) Geza Koralewski. M.D. Millington, Md. 21651 BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDYAL (Specify) May 10.1966 Millington Cemetery Millington, Kent Co; Md. 25a. REC'D BY REGISTRAR | ADDRESS A.15 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral and 2 death. USUAL RESIDENCE (Where deceased lived, If Institution's Residence before admission) PLACE DF DEATH a. CDUNTY b. COUNTY a. STATE after Maryland the kent
b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Kent c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) p within 72 hours hours N Chestertown 2 days Worton 三 d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? filled YES ND V Kent & Queen Anne's Hospital #1. Box 187 executed within completely 3. NAME DF DATE Month Day Middle Last DECEASED event, (Type or print) DEATH Frances Gladys Lively May 6. CDLDR DR RACE | 7. MARRIED | AGE (In year's | IFUNDER 1 YEAR | IFUNDER 24 HRS. 5. SEX DATE OF BIRTH emove NEVER MARRIED last birthday) | Months | Days Hours in any and DIVORCEO [WIDOWED 10/10/05 Female Negro

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) yrs. 10b. KIND OF BUSINESS DR 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or fore a country) rsician lease pe and Housewife Kent Co. Maryland certificate MDTHER'S MAIDEN NAME 13. FATHER'S NAME remova Ida Louise Townsend George Hynson attend 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SDCIAL SECURITY ND. transit permit. death (Yes, no, or unkown) | (If yes give war or dates of service) Hospital Records No the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN After this certificate has been signed by the detached for use as the burial-transit State Dept. of Health prior to burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 19. WAS AUTDPSY PERFORMED? YES X NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Mem 18.) MEDICAL (County) (State) 20d. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While be retained by at work at work . 1966 to 5-5- 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 5 - 319 66, and that death occurred at 5p M, from the causes and on the date stated above. saw the deceased alive pn. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. page ATTENDING DIRECTOR M.D. PHYS. Page 4 may 22d. ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) Dr. Harry Ross Chestertown, Maryland (State) 23d. LOCATION (City, town or county) NAME OF CEMETERY DR. CREMATDRY BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMDVAL (Specify) ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATE 15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE Maryland Queen Anne's ges 1 after =Kent MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Page hours 19 1/2 hours Centreville Chestertown 2. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Kent & Queen Anne's Hospital RD #1 Box 82 YES X NO etely executed within 3. NAME OF Middle Last DATE Month Day Year DECEASED event, 1 (Type or print) Audrev Nelson Jane DEATH 18 19 66 5. SEX 6. COLDR DR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Davs Hours | WIDOWED | DIVORCED 5/31/40 Female and in 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physician rmit. Then please pe Talbot Co., Maryland

14. MOTHER'S MAIDEN NAME Cashier - DelMarVA Power & Light Co. US death certificate removal 13. FATHER'S NAME Howard Wesley Boyles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mary Catherine Thompson 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, Hospital Records 212-40-9172 Chestertown, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH burial-transit burial, cremat Cardiac Arrest PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). signed by 520X ostoperative Neurogenic Shook DUE TO Conditions, If any, which the bu gave rise to immediate DUE TO intricular fibrillation cause (a), stating the underlying cause last. (c) certificate has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) WAS AUTOPSY for use Health PERFORMED? freumothorax,? Spontaneous YES NO N 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of 1 should be dot MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (State) (County) Hour a.m. Not While at work While at work p.m. TO HOSFILE.
Page 4 may be lee.
TO FUNERAL DIRECTOR: A
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field with the 21. I certify that My (this hospital) attended the deceased from.... , 19.66 to_ 5/18 , 19.66 , that (I) (we) last 5/17 19.66 and that death occurred at____ saw the deceased alide on ___M. from the causes and on the date stated above. 22a. SIGNATURE 3:20 P.M. 22b. DATE SIGNED 5-20-66 STAFF PHYS. DIRECTOR PHYSICIAN'S NAME (Type) 22d. ADDRESS O.S. Gulbrandsen Chestertown, Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY DR CREMATORY 23b. DATE THEREDF (State) Burial (Specify) May, 22, 1966 Sudlersville Cemetery Sudlersville, Q.A.Co; Md. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 4-64

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hat the death ician. led by the atter-transit permit. I, cremation, or I,		1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ular acordent	INTERVAL BETWEEN ONSET AND DEATH
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the this deta deta e De	9	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While at work at work at work	ACE OF INJURY (Home, farm, ory, street, office bidg., etc.) (City or town) (Cou	unty) (State)
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be 3 v y			22a. SIGNATURE Pudrup Saletis M.	ATTENDING MED. STAFF	TATE SIGNED = 16-66
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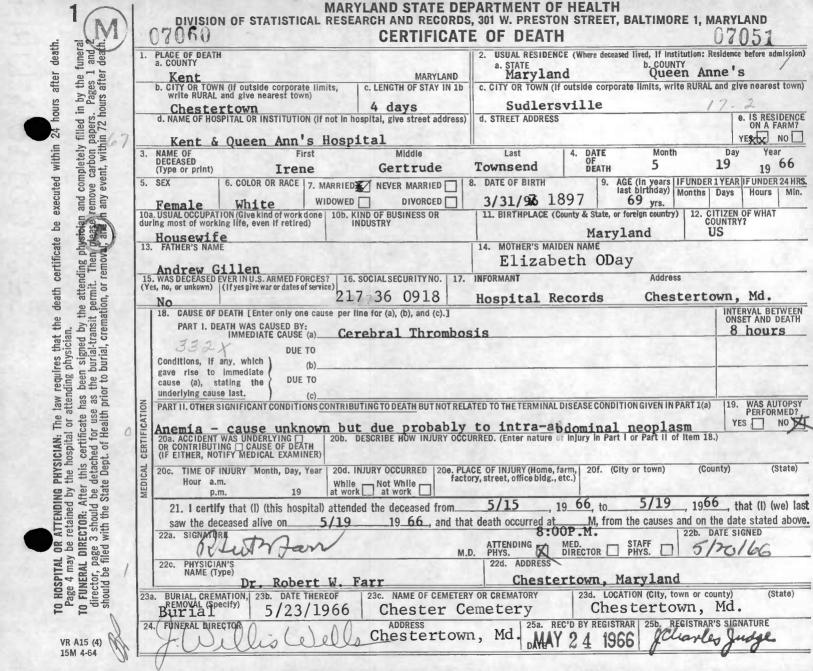
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07058 requires that the death certificate be executed within 24 hours after death inpletely filled in by the funeral e carban papers. Pages 1 and event, within 72 hours after deaf 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY o. STATE b COUNTY Kent MARYLAND Maryland Kent b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 8 hours Rock Hall Chestertown d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Kent & Queen Anne's Hospital Skinners Neck Road YES NO 3. NAME OF Middle First Last 4. DATE Manth Day Year DECEASED (Type or print) Theodore 19 66 Fredrick Reihl DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 3/26/66 1892 Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY ottending physician, permit. Then please pup Kent Co., Maryland Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Carl NMN Reihl Augusta 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. **∆**ddress (Yes, no, or unknown) ((If yes give war or dates of service) P 220-09-1303 Hospital Records No Chestertown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed t DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES T NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CLUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 1966_ to 5/26 21. I certify that (1) (this hospital) attended the deceased fram. 5/26 . 1966 , that (1) (we) last **10 HOSPITAL OR ATTEND**Page 4 may be retained 5/26 1966 sow the deceosed alive on. and that death occurred at _M, from couses and an the date stated above. 7:00 P.M. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. M.D. DIRECTOR PHYS. PHYS. director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. A. C. Dick Chestertown, Maryland 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify)
Burial near Rock Hall, Md. Wesley Chapel Cem 5/30/66 24. FUNERAL DIRECTOR Chestertown, Md. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07059 CERTIFICATE OF DEATH death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. puo 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) physicion and completely filled in by the funeral PLACE OF DEATH o. STATE b. COUNTY o. COUNTY MARYLAND Maryland Kent hours after Kent c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporote limits, CLENGTH OF STAY IN 16 write RURAL and give negrest town) 26 days Chestertown Chestertown bon popers. within 72 ho e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kent & Queen Anne's Hospital YES NO 536 High Street Middle 4. DATE 3. NAME OF First Lost Month Doy Year DECEASED 5/20/ DEATH 19 66 (Type or print) Hallie Simpson IF UNDER 1 YEAR B. DATE OF BIRTH 2/13/949. IF UNDER 24 HRS. S. SEX AGE (In veors 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 2/5/94 WIDOWED DIVORCED Female White 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY during most of working life, even if retired)
Housewife **INDUSTRY** Kent, Co., Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret A. Patrick Samuel E. Cooper 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 579-38-9914 Hospital Records Chestertown, Md. cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by the hospitol or ottending physician. **DUE TO** buriol, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse prior to as the O FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use NO 15 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work Poge 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased from 4/245/20 , 19.66 , to_ 5/20 , 1966, that (I) (we) lost 19 66 and that death occurred of __M, from causes and on the date stated above. 5/20 saw the deceased olive on_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, pur NAME (Type) Chestertown, Maryland Dr. Harry P. Ross 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, Bemoval (Specify) Chestertown, Md. Chester Cemetery 22/66 ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Chestertown, Md. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

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